_						$\omega \supset ((i))$
STATE OF SOUTH CAROLINA	)			REFOR	E THE	•
(Combine of Cons)	)	PU	JBLIC	SERVIC		<b>ASSION</b>
(Caption of Case)  Example: Application for a Class C Charter Certificate from	)			SOUTH		
John Doe dba Doe's Limo	Ś					
	ý	TRA	ANSP	ORTATIO	ON COVE	ER SHEET
Bertha James Jamison DBA Ride with Care	) .	- A AV				
Decreated and a series on Class C Non-Emonar	)	DOCK		2010	_ 304	T
Request to amend name on Class C Non-Emergency Certificate		NUMUS	SEK:	2010	- 004	<u> </u>
	, hi	ave a Docket	t Numbe	r. The Comm	ission will a	h the PSC, you will not ssign one to you. If you t Number was assigned
		nd should be				
(Please type or print) Bertha James Ja	mism(F)	elephone	<b>:</b> :	803-	-759-	1282
Address: 317 Thrower La-	F	ax:				
Santee, S.C. 2919	12_ (	Other:				
•		Cmail: _				
NOTE: The cover sheet and information contained herein ne	ither replaces no	r suppleme	nts the	filing and se	rvice of ple	adings or other papers
as required by law. This form is required for use by the Pub be filled out completely.	lic Service Com	mission of S	South C	Carolina for t	he purpose	of docketing and must
NATURE OF	ACTION (C	heck all th	at ann	lv)		
				-37		
Application - Class A/A Restricted	CEIV	ED [	Req	uest for Na	me Change	on Certificate
Application - Class C Taxi	JUL 28 201	1 [	Req	uest to Am	end Scope	of Authority
Application - Class C Charter	ORS		Req	uest to Am	end Tariff	(rate increase, etc.)
Application - Class C Charter Bus	, <del>,,,</del> ,,,,,	\ <b>\</b> \	Req	uest to Am	end Passen	ger <b>City</b> 7
Application - Class C Non-Emergency			Req	uest	Posts	tod
Application - Class C Stretcher Van			Exh	iibit	Dept:	S.A.
Application - Class E Household Goods	D FA	*	Late	e-Filed Exh	ibit	8/1/11
Application - Class E Hazardous Waste			Let		Date:	01111
Application		· · · · · · É	Pro	posed Orde	r Time:	12.00
Request for Extension to Comply with Order			Pub	lisher's Afi	fidavit	
Request for Order Granting Authority to Obtain a Certificate			Reservation Letter			
of Public Convenience and Necessity to be Rescind	ed	ſ	☐ Res	ponse		
Request for Cancellation of Certificate		Г		urn to Petit	ion	
Request for Suspension			Oth			
Request for Reinstatement		_	<del></del>			
•						

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.





## The State of South Carolina



## Office of Secretary of State Mark Hammond

## **Certificate of Existence**

## 1, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

RIDE WITH CARE L.L.C., A Limited Liability Company duly organized under the laws of the State of South Carolina on October 27th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 27th day of October, 2010.

Mark Hammond, Secretary of Stat